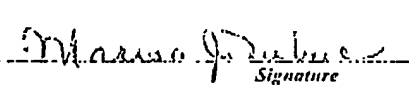


MAR 16 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. YOR920010274US1	
Applicant(s): Roberto Ayala, et al.				
Application No. 09/910,544	Filing Date 7/20/2001	Examiner Steven B. McAllister	Group Art Unit 3627	
Invention: NETWORK-BASED SUPPLY CHAIN MANAGEMENT METHOD				
<p>I hereby certify that this <u>Amendment Transmittal, Amendment, Copy of IDS 1449</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>March 16, 2005</u> (Date)</p> <p><u>Sandy Yopp</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Sandy Yopp</u> (Signature)</p>				
Note: Each paper must have its own certificate of mailing.				

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. YOR920010274US1	
Applicant(s): Roberto Ayala, et al.					
Application No. 09/910,544	Filing Date 7/20/2001	Examiner Steven B. McAllister	Customer No. 48915	Group Art Unit 3627	Confirmation No. 2135
Invention: NETWORK-BASED SUPPLY CHAIN MANAGEMENT METHOD					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43 -	53 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">Signature</div>			Dated: March 16, 2005		
Marisa J. Dubuc, Reg. No. 46,673 Cantor Colburn, LLP 55 Griffin Road South Bloomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</div> <div style="text-align: center; margin-top: 10px;">(Date)</div> <div style="text-align: center; margin-top: 10px;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					

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APPLICANT: ROBERTO AYALA ET AL.)
SERIAL NO: 09/910,544) Group Art Unit: 3627
FILED: July 20, 2001) Before the Examiner:
FOR: NETWORK-BASED SUPPLY) Steven B. McAllister
CHAIN MANAGEMENT) Confirmation No: 2135
METHOD)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


AMENDMENT

Sir:

In response to the Office Action dated December 16, 2004, the Applicants submit the following amendment and remarks for entry in the above referenced application.

CERTIFICATE OF FACSIMILE UNDER 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office via facsimile number 703-872-9306, on March 16, 2005.



(Signature)

Sandy Yopp
(Name of Person Signing)